

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

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JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s)L	yn M. Schollett		
II. Name of lobbyist's partner	ship, firm or corporation, if a	ny:	
New Hamps	nire Coalition Against	Domestic and Sex	ual Violence
(Name of partr	ership, firm or corporation)		
PO Box 353	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-8893 (Telephone)	(603) <u>228-6096</u> (Fax		@nhcadsv.org
	hoose one – file separate repo ns which are not attributable		ou may file a separate report foi
☐ All reportable transactions	occurring in the months prior to	the reporting date relative	e to the following client:
(Full Na	pshire Coalition Again me of Client as it appears on the Lo		exual Violence
<u>OR</u>			
☐ All reportable transactions be unrelated to any particular clier		byist's family), or the lob	obying firm listed below which are
	26, 2017 ate of registration to 3/31/17	July 26, 2017 bactivity from 4/1/17 to 6/	
Octob	er 25, 2017 om 7/1/17 to 9/30/17	January 31, 201 activity from 10/1/17 to	8 🗆
	received and no reportable just this form and submit it to the		
VI. Check if additional repor	ts are attached:		
· · · · · · · · · · · · · · · · · · ·	r made expenditures, you must f	ile Addendum A– Fees a	and Expenses
☐ If you have paid an honora Expense Reimbursement	rium or reimbursed expenses, yo	ou must file Addendum I	3- Report of Honorariums or
☐ If you, your firm, or your f	amily has made political contrib	utions, you must file Add	lendum C- Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B and complete to the best of my (Signature of lobbyist)	, RSA 14-C and RSA 664 and h	ereby swear or affirm tha	t the foregoing information is tru (Date)
Lyn M. Schollett (Print Name of lobbyist)			

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Lyn M. Schollett	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)	cual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	dDate7/7/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and arting period of greater than \$25.00 for the of greater than \$25, purchase of a fer than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$133.98
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$133.98
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$245.64
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist) Substitute	7/20/17 (Date)
Lyn M. Schollett (Print Name of lobbyist)	